### FORM D

# UNITED STATES 1997212 SEC

SECURITIES AND EXCHANGE COMMISSION
Weshington, D.C. 20540

Washington, D.C. 20549

FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB NUMBER: 3235-007 Expires: August 31, 200 Estimated average burden	OMB APPROVAL					
nours per response16.00	8					

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Name of Offering ( check if this is an	amendment and name has changed, and indicate change.	)	
Sale of Limited Partnership Interests in	Crosscut Ventures I Affiliates Fund, L.P.		
Filing Under (Check box(es) that apply):	□ Rule 504 □ Rule 505 ☑ Rule 506 □ 5	Section 4(6)	.OE
Type of Filing: ☑ New Filing ☐ A	Amendment	_	
	A. BASIC IDENTIFICATION DATA		A COMMUNICATION OF THE COMMUNI
1. Enter the information requested about th	ne issuer		
Name of Issuer ( Check if this is an am	nendment and name has changed, and indicate change.)		
CROSSCUT VENTURES I AFFILIATE	S FUND, L.P.		08058990
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number	. 00000000
1918 Main Street, 2nd Floor, Santa Monic	ca, CA 90405	(310) 650-4777	<u> </u>
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number	(Includiting Area Code) Section
(if different from Executive Offices)		_	Section
Same	PROCESSED	Same	-40//
Brief Description of Business			AUG: 202000
Venture Capital Investment	SEP 042008 $ ot\!$		AUC 282008 Washington, no
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Ť	HOMSON REUTERS		weshington, Do
Type of Business Organization		,	107
□ corporation	□ limited partnership, already formed     □ c	other (please specify):	
□ business trust	☐ limited partnership, to be formed		
	Month Yes	_	
	0 8 0 0		- P. d 1
Actual or Estimated Date of Incorporation		— ⊠ Actual	☐ Estimated
Junsdiction of incorporation or Organization	on: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	State:	DE
	ON for Canada; Fix for other foreign jurisdiction)	l.	<u> </u>
ODNERAL METRICOLONIC		<del></del>	·

#### GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
   Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☑ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Crosscut Fund Manager I, L.L	C.				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
1918 Main Street, 2nd Floor, Sa	anta Monica, CA 96	0405			
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	.dividual)				
Brewer, Brett Cameron					
Business or Residence Address	(Numb	er and Street, City, State, Z	Zip Code)		
1918 Main Street, 2nd Floor, Sa	anta Monica, CA 9	0405			
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Smith, Rick L.					
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
1918 Main Street, 2nd Floor, Sa	anta Monica, CA 9	0405			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)			•	
Goldenberg, Adam					
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
504 N Poinsettia Ave, Manhate	tan Beach, CA 902	66			
Check Box(es) that Apply:	□ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)	<del></del>			
Ted D. Meisel Trust UA DTD	10/16/2000				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		<del></del>
c/o Merrill Lynch, 2049 Centu	ry Park East, Sout	h Tower, 11th Floor, Los	Angeles, CA 90067		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	ıdividual)				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	idividual)		<del></del>		
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
	(1.4110				

			,	B. INF	ORMATIC	N ABOU	r offeri	NG		,		
1. Has the iss	suer sold, o	r does the is	suer intend	to sell, to	non accredit	ed investor	s in this off	ering?				No 81
1. 1145 1110 101	,act sola, o	. 4000 1110 11			Appendix,							-
					••		_					
2. What is th	e minimum	investment	that will b	e accepted	from any in	dividual?			••••••		\$ <u>N/A</u>	
3 D 4	er i		.1.10		'40							No 
3. Does the o												
4. Enter the i remuneration agent of a bro persons to be	for solicita ker or deal listed are a	tion of pure er registered ssociated pe	hasers in co I with the S ersons of su	onnection v EC and/or	vith sales of with a state	securities or states, l	in the offeri	ng. If a per of the brok	son to be li er or deale	sted is an a	issociated than five (	person or
Full Name (L	ast name fi	rst, if indivi	dual)									
Business or R	lesidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
	1.15											<del> </del>
Name of Asso	ociated Bro	ker or Deal	er									
States in Whi						hasers					A 11 G	
•		or check in		•		(CT)	Ingi	(DC)	[FL]	□ [GA]	All States [HI]	s [ID]
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	(CA) (KY)	[CO] [LA]	(CT) [ME]	[DE] [MD]	[MA]	[M]	[MN]	[MS]	[MO]
[IL] [MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[ME]	[NC]	[ND]	[M] [OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L Business or R			,	treet, City,	State, Zip C	Code)					<del> </del>	
Name of Asso	ociated Bro	ker or Deal	er									-
States in Whi		Listed Has S				hasers				П	All States	<u> </u>
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	rst, if indivi	idual)									
Business or R	lesidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Asse	ociated Bro	ker or Deal	ег		· · · · · ·							
States in Whi						hasers		<del></del>				
•		or check in		,		F. (2000)			£878.3		All States	
[AL]	[AK]	[AZ]	(AR)	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	(KS)	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	(NH)	[NJ] [TX]	[NM]	[NY] [VT]	[NC]	[ND] [WA]	(OH)	[OK] (WI)	[OR] (WY)	[PA] [PR]
[RI]	(SC)	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	(WI)	[WY]	

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Ι.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange		
	and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	
	Debt	\$	<b>S</b>
	Equity	\$	\$
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$ <u>375,000</u>	\$ <u>375,000</u>
	Other (Specify)	<b>s</b>	<b>s</b>
	Total	\$ <u>375,000</u>	\$375,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	'Accredited Investors	3	\$375,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		S
	Answer also in Appendix, Column 4, if filing under ULOE.		<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	41+1+1+1111+1+1	□ S
	Printing and Engraving Costs		□ <b>\$</b>
	Legal Fees	,	<b>8</b> 10,000_
	Accounting Fees		□ \$ <u> </u>
	Engineering Fees		<b>S</b>
	Sales Commissions (specify finders' fees separately)		o \$
	Other Expenses (identify)		□ \$
	Total		<b>⊠</b> \$ <u>10,000</u>

C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AND USE	OF P	ROCEEDS	١.	¥	
1 and total expenses furnished in response "adjusted gross proceeds to the issuer."      5. Indicate below the amount of the adjusted gross proceeds.	e offering price given in response to Part C - Question to Part C - Question 4.a. This difference is the construction of the c			ï	\$365,000	
estimate and check the box to the left of the	estimate. The total of the payments listed must equal					
the adjusted gross proceeds to the issuer set f	orth in response to Part C - Question 4.b above.		Payments to Officers, Directors, & Affiliates	1	Payments To Others	
			<b>s</b>		<b>s</b>	
			\$		\$	
Purchase, rental or leasing and installation	on of machinery and equipment		<b>s</b>		<b>s</b>	
Construction or leasing of plant building	s and facilities		<b>S</b>		<b>s</b>	
Acquisition of other businesses (includin offering that may be used in exchange fo issuer pursuant to a merger)	0	S	0	<b>s</b>		
		а	<u></u>		<b>S_</b>	
Working Capital			<b>s</b>		\$ 365,000	
Other (specify):			<u>s</u>	0	s	
		<u>s</u>		\$		
Column Totals			\$	Ø	\$ 365,000	
Total Payments Listed (Column totals added)						
	D. FEDERAL SIGNATURE		. 11	::		
following signature constitutes an undertaking	ted by the undersigned duly authorized person. If this not g by the issuer to furnish to the U.S. Securities and Excha ssuer to any non-accredited investor pursuant to paragraph	nge C	ommission, up	e 50: on w	5, the ritten request	
Issuer (Print or Type)	Signature		Date			
Crosscut Fund Manager I, L.L.C.	Miles	i	August 12, 20	800		
Name of Signer (Print or Type)	Title of Signer (Print or Type)		_			
Rick L. Smith	Member of the General Partner, Crosscut Fund Mar	ager	I, L.L.C.			

– ATTENTION –

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

